PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| indicated unless correcte maintenance fee notificat | d below or directed offi | herwise in Block I, by (a | a) specifying a new corre | spondence address; | and/or | (b) indicating a separ | ate "FEE ADDRESS" for |
|--|---|---|---|---|---------------------|---|--|
| CURRENT CORRESPONDE | Not Fee pap | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 33528 | nav | | | ŭ | | | |
| AFFYMETRIX, INC 3420 CENTRAL EXPRESSWAY SANTA CLARA, CA 95051 | | | | Certificate of Mailing or Transmission 1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | | | (Depositor's name) |
| | | | | | | • | (Signatura) |
| | | | | | | | (Date) |
| APPLICATION NO. | D. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 09/827,383 | 09/827,383 04/04/2001 | | Michael Mittmann | | 04537.005 / 3108.1 | | 6376 |
| | | S AND PROBE ARRAY | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$0 | \$ 0 | | \$1400 | 10/20/2006 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | |
| FREDMAN, JEFFREY NORMAN 1637 | | | 536-023100 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | or agents OR, alternati | f up to 3 registered patent attorneys ternatively. a single firm (having as a member a per a gradual and the names of up to the attorneys or agent). If no name is | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON 1 | THE PATENT (print or ty | pe) | | | |
| PLEASE NOTE: Unle recordation as set forth | ess an assignee is ident in 37 CFR 3.11. Com | ified below, no assignee oletion of this form is NO | data will appear on the p | atent. If an assigne | e is ide | entified below, the do | eument has been filed for |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Affymetrix, Inc. Santa Clara, CA | | | | | | | |
| Please check the appropri | ate assignee category or | categories (will not be pr | inted on the patent) : | Individual XI Co | rporatio | on or other private grou | up entity Government |
| 4a. The following fce(s) are submitted. A check is cnclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies Advance Order - # of Copies | | | | | | | |
| 5. Change in Entity Stat | • | , | | | | | |
| | SMALL ENTITY state | | b. Applicant is no lon | | | | |
| nterest as shown by the re | cords of the United Ha | ites Patent and Trademark | Office. | ine applicant; a regis | itereo ai | nomey or agent; or the | assignee or other party in |
| Authorized Signature | - Janel | a G. Wu | W | Date | 10 | 10/06 | |
| Typed or printed name Sandra E. Wells | | | | Registration N | | 52,349 | <u>.</u> |
| This collection of information application. Confident | ition is required by 37 Ciality is governed by 35 | U.S.C. 122 and 37 CFR | on is required to obtain or 1.14. This collection is es | retain a benefit by the | e publi inutes | c which is to file (and to complete, including | by the USPTO to process) g gathering, preparing, and |

summing the completed application form to the COTTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.